What is Business Continuity Planning?

A continuity plan enables businesses to preserve, maintain and/or reconstitute its capability to perform their essential functions in the event of threat or occurrence of any disaster of emergency that could potentially disrupt jurisdiction/private-sector operations and service.

Continuity planning incorporates all of the following elements:

- Essential functions human capital delegations of authority and orders of succession vital records
- Databases
- Systems and equipment alternate facilities communications reconstitution and devolution tests
- Training and exercises

This section will walk you through information needed to prepare for any incident that could jeopardize your facility's core mission. Incidents could include a building fire, tornado, or pandemic illnesses.

Business Continuity Planning Template

Your Company/Organization:

Organization Name:	
Address:	
City/State/Zip:	
Phone:	Fax:
Email:	
Your Facility Director's Contact Info	ormation:
Name:	
Title:	
Home Address:	
City/State/Zip:	
Home Phone:	Pager:
Cell Phone:	
Emergency Contact Name:	
Emergency Contact Phone Number:	

Business Continuity Planning (BCP) Team:

BCP Role	Name	Phone Number	Emergency Number
Continuity Planner			
Information Coordinator			
Technical Processes			
Financial Information			
Legal Responsibilities			
Data Security			
Operations Regulations			
Security			
BCP Manager			

BCP Timeframe:

DOF TIMENAME.		
Project Phase	Start Date	End Date
Project Kickoff		
Business Impact Analysis		
Business Continuity Plan		
Emergency Response Plan		
Plan Testing		
Plan Revisions/Implementation		
Communications with Community		
Plan Maintenance		

Business Continuity Plan Goals and Objectives:		
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	-	

Emergency Contact with Local Authorities:

Emergency / Interruption	Agency Information	Contact Person	Phone Number

Current Insurance Coverage:

Policy Type	Carrier	Agent Phone Number	Deductible

Your Workflow Process:

Process	Procedure	Priority (1, 2, 3) (1 = high; 3 = low)

Business Interruptions / Impact / Responses:

Business Interruptions		D
Business Interruption	Impact	Possible Responses
You cannot get to your facility (e.g. road is blocked)	No operations	
You cannot get into your facility	No operations	
Utility service is down (e.g. no power or water)	Depending on your processes and facility, your processes may be completely shut down	
	You may have to send your staff home with/without pay	
	You may be able to notify your customers and continue to receive supplies	
	You may be able to continue your processes if you have backup utilities	
A portion of your facility is not accessible (e.g. due to fire or flooding)	If this area is critical to your process you may have to cease operations; if it is non-critical, you can continue.	
A piece of equipment critical to your operations has been destroyed	You may have to cease operations; you may be able to continue some minimal processes	
Your supplier is unable to deliver materials (e.g. your supplies warehouse has been destroyed)	Similar as above	
Your customers are unable to get to your facility (e.g. roadblocks, flooding, area evacuated)	You're open but have no business	
Your telecommunications systems are down	You cannot use telephones, faxes or modems and are unable to contact your suppliers or customers	
Your computer network has been damaged / destroyed	You have lost all the information in the computers including the financial records and operational data	
Your paper records have been destroyed	You have lost all historical and current operating data for your organization	
Evacuation of Clients		

Cost Alternatives:

Item	Cost	Adopt (y/n)	Implementation Date
Fireproof safe for records			
Hot Site (fully implemented)			
Cold Site (no resources)			
Warm Site (computer lines, no			
phones, computers)			
Uninterrupted Power Supply (UPS)			
Upgrade cold site to warm			
Offsite records backups			
Business interruption insurance			

Emergency Financial Assistance:

Agency	Type of Assistance	Contact Person / Phone	Do you Have Application Forms (y /n)
Small Business Administration (SBA)	Loans		
Federal Emergency Management Agency (FEMA)	Funds		

Essential Staff and Alternates:

Name	Responsibilities	Alternate (Name)	Has This Person Been Trained? (y / n)

Emergency Notification List:

Contact Contact	Title	Home Number	Pager / Cell Number

Emergency Reporting List:

In the event of an emergency, the following staff will report directly to:			
Team Member	Title	Home Number	Pager / Cell Number

Building and Personnel Checklist:

Building and Personnel Checklist:	
Question	Describe the Situation
Have all emergency agencies been contacted?	
(e.g. police, fire, EMS, Hazmat, etc.)	
Le annual de la desta de la	
Is anyone shocked or injured?	
Is the building structure intact?	
13 the banding structure intact.	
Is all equipment exterior to the building intact?	
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Are all entrances and exits clear and able to be	
locked?	
le the etwistinal interior of the huilding intert?	
Is the structural interior of the building intact?	
Is the electrical system functioning?	
is the clothod system runotterning.	
Is the plumbing system functioning?	
Are the computers intact and functioning?	
Are the storerooms damaged?	
Is the stock intact?	
13 the stock intact:	

Business Continuity Checklist:

Question	Yes / No
Can the organization function the next day? (If	
No, contact staff and activate the plan)	
If Yes, have calls been made to replace	
damaged equipment, remove debris, etc.?	
Has the insurance company been notified?	
Have photos been taken of the damage?	
Dose the media need to be managed?	
Do we need the assistance of legal counsel?	

Business Continuity Plan Activation Checklist Initial when the task has been completed.

Action	Initials
Call in the emergency response staff.	
Determine continuity strategy (e.g. vendor for	
cleanup, emergency repairs, alternate site,	
etc.)	
Notify all non-emergency staff and give	
instructions on status, when to return to facility	
or alternate site.	
Notify clients / customers	
Notify suppliers	
Notify distributors	
Contact insurance carrier	
Contact regulatory agencies	
Contact counsel	
Prepare statement for media	
Contact vendors for facility repairs / cleanup	
Contact vendors for equipment repairs	
Contact offsite provider to confirm availability	
Determine time frame to move offsite or close	
facility	
Implement alternate site plan or closure plan	
Remove vital equipment / records	
Restore operations	
Return to main facility or reopen	
Assess emergency response	
Revise plan as necessary	

Your Suppliers' Contractual Obligations To You:

Product or Service	Supplier	Time Frame for Delivery	Financial Penalty?

Furniture and Fixtures:

Furniture and Fixtures.	
Question	Answer (Y / N)
Do you have a furniture & fixture detail report for your building / workplace?	
Do you have videotape documentation of furniture & fixtures in a	
secure, fireproof location?	
Are there special or custom-built furnishings or fixtures?	
Details:	

Machinery & Equipment: Types of Equipment Location Value Back Up (y / n) **Location of Backup** Maint. Agreement Warranty (y / n) (y / n) **Types of Equipment** Location Value Back Up (y / n) **Location of Backup** Maint. Agreement Warranty (y / n) (y / n) **Types of Equipment** Location Value Back Up (y / n) **Location of Backup** Maint. Agreement Warranty (y / n) (y / n) **Types of Equipment** Location Value Back Up (y / n) **Location of Backup** Maint. Agreement Warranty (y / n) (y / n)

Local Planning Partners Contact Information

Complete the below information in an effort to build relationships before an incident occurs.

Contact the below agencies, set up a face to face meetings, and discuss any concerns you may have as you plan for your facility.

Police Liaison:		
Name:	_ Phone Number:_	
Fire Department Liaison:		
Name:	Phone Number:	-
Local Health Department: Emergency Prepared	ness Coordina	tor:
Name:	Phone Number:	
Regional Bioterrorism Coordinator:		
Name:	Phone Number:	
Michigan Office of Public Health Preparedness:		
Name: Long Term Care Liaison	Phone Number:	517-335-8150
Michigan Office of Services to the Aging:		
Name:	Phone Number:	
Assistant Director/Division of Nursing Home Me	onitoring:	
Name:	Phone Number:	517-334-6810
Communicable Disease Unit:		
Name:	Phone Number:	
Local Hospital(s) Safety Officer:		
Name:	Phone Number:	
Name:	Phone Number:	
Name:	Phone Number:	

****REMEMBER TO CONTACT THE STATE OF MICHIGAN